#### PRINTED: 03/17/2008 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES RF OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 02/21/2008 09G212 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 7416 BLAIR ROAD, NW INNOVATIVE LIFE SOULTIONS, INC WASHINGTON, DC 20012 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLÉTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 3/27/08 {W 000} {W 000} INITIAL COMMENTS A follow-up survey was conducted on February 20, 2007 through February 21, 2008, to determine the facility's compliance with previous condition-level deficiencies cited on January 10, 2008. Client #2 was kept in the sample and another individual. Client #4, was added. The survey determined that the facility met the federal Conditions of Participation requirements. There were, however, standard-level deficiencies identified, as evidenced in the report that follows. The findings of this survey were based on observations, interviews with direct support and administrative staff, clients and Client #4's sister, as well as the review of records, including incident reports and administrative records. {W 124} 483.420(a)(2) PROTECTION OF CLIENTS {W 124} **RIGHTS** The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to establish a system to ensure that each client, or his/her authorized surrogate healthcare decision-maker, was informed of the client's medical condition, benefits and risks of medications and of the right to refuse treatment,

Any deficiency statement ending with an asterisk (\*) demittes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

LABORATORY DIREC

for one of the two clients in the sample. (Client

Event ID: RIX312

REPRESENTATIVE'S SIGNATURE

Facility ID: 09G212

TITLE

If continuation sheet Page 1 of 12

(X6) DATE

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING AND PLAN OF CORRECTION R 02/21/2008 B, WING 09G212 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 7416 BLAIR ROAD, NW WASHINGTON, DC 20012 INNOVATIVE LIFE SOULTIONS, INC (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X4) 1D REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) PREFIX TAG 3/27/08 {W 124} Continued From page 1 {W 124} The finding includes: W124ILS WILL ENSURE THAT On February 20, 2008, beginning at 8:59 AM, CLIEN #4 SISTER review of Client #4's Individual Support Plan IS INFORM IN (ISP), dated April 13, 2007, revealed the WRITTEN ON THE following: the client functioned in the severe UPCOMMING ISP range of mental retardation cognitively and his MEETING. THE NURSE adaptive skills tested in the profound range. His WILL REVIEW THE SIDE sister was the designated surrogate healthcare EFFECTS AND BENEFIT decision-maker due to his impaired ability to OF ALL CLIENT'S process information effectively. His medication **PSYCHOTROPIC** regimen included Lithium Carbonate 300 mg MEDICATIONS WITH twice a day, Trazodone 100 mg every evening, THE SISTER AND WILL Paroxetine 20 mg and Zyprexa 5 mg every HAVE HER SIGN INFORM evening, among other medications and he CONSENT. ILS WILL received one-on-one staff support as part of his CONTINUE TO ENSURE behavior management plan. Included in the ISP THAT INDIVIDUAL'S was a team recommendation to "maintain contact FAMILY ARE INFORM with the sister... she is available to provide OF ALL INCIDENTS AND pertinent information regarding his welfare...' CHANGES IN MEDICATIONS Further review of the ISP revealed no evidence that the sister had been involved in the planning and/or review process (i.e. she had not attended meetings, there were no documented telephone calls or written communications, etc.). Client #4's records did not show evidence that his sister had received an explanation of his health condition(s) and/or given written consent for his treatment plan, including psychotropic medications. At approximately 1:27 PM, interview with the Qualified Mental Retardation Professional (QMRP) revealed that he had not reviewed Client #4's health, developmental and/or behavioral status with the sister, either in person or over the telephone, since he was appointed QMRP in January 2008. He was unaware of what actions

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{W 124}	might have been did, however, ack such review docu. The sister's most facility was June. On February 20, interviewed by tel She verified that splanning and dev confirmed that she decision-maker. The sole time that facility in recent rhad fluid in the lufor diagnostic profacility had review developmental a When asked if shabout her brothe replied yes, and with their siblings also stated that sift there were an irrequired emerge knowledge, Clier emergency room facility in March. It should be note emergency room having been bitty previous day. The client receive prescribed a 5-dil the should be furtil conference on Figure 1.	taken by previous QMRPs. He nowledge that there was no mented in the client's record. recent documented visit to the 11, 2006.  2008, Client #4's sister was ephone, beginning at 1:37 PM. she had not attended ISP elopment meetings. She had not every every elopment meetings. She was the designated healthcare Further interview revealed that she had been contacted by the nonths was when her brotherings and she had given consent ocedures. No one from the ved the client's health, and/or behavioral status with her he was interested in knowing r's medication regimen, she she would share the information (who "all live out of town"). She she would expect to be informed incident for which her brother not medical services. To her int #4 had not been to an in since he was admitted to this	{W 1	24}	W124 CONTINUES ILS WILL ENSURE THAT CLIENT #4 SISTER IS INFORM OF ALL INCIDENTS FOR WHICH HER BROTHER REQUIRED MEDICAL SERVICES. ILS WILL CONTINUE TO ENSURE THAT AL INDIVIDUALS FAMIL MEMBERS ARE KEPT INFORM ON ALL MEDICAL RELATED INCIDENTS, ISP MEETINGS AND CHANGES IN MEDICATIONS.	L X	3/27/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1			(X3) DATE SURVEY COMPLETED	
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SUMMARY ST.	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL		ıx	PROVIDER'S PLAN OF CORREC	ULD BE	(X5) COMPLETION DATE
Continued From pon the clients' governmunicate directly designated surrog (i.e. Client #2's months and policy had revealed "designee will far medical conditions to the individual a includes risks and procedural intervers."  Previously, the Jaincluded the follow Client #2 was obserned in the Licensed Pra 2008 at approximately 4:0 Chlorpromazine the Licensed Pra 2	ernment case worker to city with the individuals' atte healthcare decision-makers other, Client #4's sister, etc.). uary 20, 2008, at 2:22 PM, 2004 "Rights of Individuals" defined the following: a facility cilitate services relating to and treatment being explained ind/or his/her designee this benefits of medications and/or entions."  **********  Inuary 10, 2008 findings wing:  Served during the evening on January 7, 2008, at 19 PM being administered 150 mg by mouth. Interview with citical Nurse (LPN) on January 7, 12019 attely 4:15 PM revealed that escribed the medication for ement. Review of the physician's 150 dated December 1, 2007 on 151 at approximately 11:15 AM 152 at approximately 11:15 AM 153 entity 2008 and 2009 and 20	{W 1		ILS WILL ENSURE THAT CLIENT #4 SISTER IS INFORM ON ALL MEDICAL		3/27/08
	Continued From procedural interversions for the individual and includes risks and procedural interversions approximately 4:0 Chlorpromazine the Licensed Prazons at a	OF DEFICIENCIES FORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G212  ROVIDER OR SUPPLIER  TIVE LIFE SOULTIONS, INC  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECOEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3  on the clients' government case worker to communicate directly with the individuals' designated surrogate healthcare decision-makers (i.e. Client #2's mother, Client #4's sister, etc.). However, on February 20, 2008, at 2:22 PM, review of the April 2004 "Rights of Individuals" policy had revealed the following: a facilitate services relating to medical conditions and treatment being explained to the individual and/or his/her designee this includes risks and benefits of medications and/or procedural interventions."  Previously, the January 10, 2008 findings included the following:  Client #2 was observed during the evening medication pass on January 7, 2008, at approximately 4:09 PM being administered Chlorpromazine 150 mg by mouth. Interview with the Licensed Practical Nurse (LPN) on January 7, 2008 at approximately 4:15 PM revealed that Client #2 was prescribed the medication for behavior management. Review of the physician's order sheet (POS) dated December 1, 2007 on January 9, 2008 at approximately 11:15 AM revealed that Client #2 has diagnoses of Intermittent Explosive Disorder and Schizophrenia, Chronic Undifferentiated Type and was prescribed Chlorpromazine 150 mg by mouth wice a day and Lithium 150 mg every day for seven days. Lisinopril 5 mg. by mouth every day	OF DEFICIENCIES F CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) M A. BUI  (X2) M A. BUI  (X3) MOSC SUPPLIER  (X4) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (X5) THE CONTINUED FOR STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (X5) THE CONTINUED FOR THE CONTINUED FOR THE TAGE  (X6) THE CONTINUED FOR THE CONTINUED FOR THE TAGE  (X6) THE CONTINUED FOR	OF DEFICIENCIES F CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G212  ROVIDER OR SUPPLIER  TIVE LIFE SOULTIONS, INC  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3  on the clients' government case worker to communicate directly with the individuals' designated surrogate healthcare decision-makers (i.e. Client #2's mother, Client #4's sister, etc.). 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Review of the physician's order sheet (POS) dated December 1, 2007 on January 9, 2008 at approximately 11:15 AM revealed that Client #2 has diagnoses of Intermittent Explosive Disorder and Schizophrenia; Chronic Undifferentiated Type and was prescribed Chlorpromazine 150 mg by mouth twice a day and Lithium 150 mg every day for seven days. Lisinopril 5 mg, by mouth every day	CONTINUED CONTROLLES C	OP DEPOCENCIES OPECATION  (X1) PROVIDERSUPPLIERCLA DENTIFICATION NUMBER: 09G212  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPTICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION)  Continued From page 3 on the clients' government case worker to communicate directly with the individuals' designated surrogate healthcare decision-makers (i.e. Client #2's mother, Client #4's sister, etc.). 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{W 124}	psychological ass on January 9, 200 revealed that the to make decisions habilitation planni finances, treatme was no document informed Client # and risks of treath his psychotropic in facility failed to proconsent had been recognized individual 483.420(c)(6) CCLIENTS, PARE  The facility must parents or guard changes in the contract of the contract	dian. Review of Client #2's, essment dated March 19, 2007 8 at approximately 11:18 AM client does not have the ability on his behalf regardinging, residential placement, and medical matters. There are devidence that the facility 2's mother of the health benefits ment associated with the use of medications. Additionally, the ovide evidence that substituted in obtained from a legally dual or entity.  DIMMUNICATION WITH NTS &  notify promptly the client's an of any significant incidents, or ient's condition including, but not is illness, accident, death, abuse,		148	CLIENTS #2 MOTHER IS NOW THE SURROGAT DECISION MAKER FOR HER SON. CASE CONFERRENCE WAS HELD ON3/13/08 WITH CLIENTS #2'S MOTHER TO DISCUSS THE RISK AND BENEFIT OF CLIENT #2 PSYCHOTROPIC MEDICATION AND INFO CONSENT WAS SIGNED ILS WILL CONTINUE TO ENSURE THAT FAMILY MEMBERS ARE INFORM OF CHANGES IN PSYCHOTROPIC MEDICATION.	DRM	3/27/08
	Based on intervifacility failed to ridecision-makers injuries, for one (Client #4)  The finding incluing on February 20 review of Client (ISP), dated Apple following: the client range of mental	o is not met as evidenced by: ews and record verification, the otify clients' surrogate healthcare of significant incidents involving of the two clients in the sample.  des:  2008, beginning at 8:59 AM, #4's Individual Support Plan il 13, 2007, revealed the ent functioned in the severe retardation cognitively and his ested in the profound range. His			W148 ILS WILL ENSURE THAT CLIENT #4'S SISTER IS INFORM ON ALL MEDICAL RELATED INCIDEN	TS. 	3/27/08

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W 148	sister was the desidecision-maker duprocess information. At approximately January 2008 physisted on January 2008 physisted on January 2008 physisted on January 2008 pegan a 5-day and twice daily. At approximately recently-assigned Professional (QM telephone messading January 20, 2008 pemergency room incident report, he acknowledged the not been documed When asked if the elsewhere, he reconly) document designated space. On February 20, surrogate healtheinterviewed by telephone messadility in Marchigeneral practice if there were an	gnated surrogate healthcare e to his impaired ability to		148	ILS WILL ENSURE THAT CLIENT #4'S SISTER IS NOTIFIEED ON ALL MEDICAL RELATED INCIDENTS ILS WILL CONTINUE ENSURE THAT INDIVIDUALS FAMIL ARE INFORMED OF A MEDICAL RELATED INCIDENTS AND CHANGES IN PSYCHOTROPIC MEDICATION.	TO .Y	3/27/08

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(X3) DATE SURVEY

NAME OF PROVIDER OR SUPPLIER  INNOVATIVE LIFE SOULTIONS, INC    SIMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTION WIST BE PRECEDED BY PULL REQUIATORY OR LSC IDENTIFYING INFORMATION)   TAG   Deprove the April 2004 "Incident Management" policy revealed the following: "All incidents will be handled appropriately and promptly, to include timely and accurate notification of propropriate staff, families, guardians" There was no evidence, however, that Client #4's sister received timely notification of the bite incident and subsequent treatment that he received.    W 192)   As3 430(e)(2) STAFF TRAINING PROGRAM		OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	ULTIPLE	E CONSTRUCTION	(X3) DATE SUI	
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At 2-47 PM, review of the April 2004 "Incident Management" policy revealed the following: "All incidents will be handled appropriately and promptly, to include timely and accurate notification of appropriate staff, families, guardians" There was no evidence, however, that Client #4's sister received timely notification of the bite incident and subsequent treatment that he received.  {W 192}  For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.  This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to effectively train staff to assess clients' need for first-aid and for medical personnel for one of two clients in the sample. (Clients #4)  The finding includes:  On January 20, 2008 Client #4 was bitten by a housemate. Review of the corresponding investigation report, dated January 20, 2008, revealed one paragraph of findings, as follows: "On January 20, 2008, <client #4's="" name="">  CLIENTS NEEDS FOR</client>	PREFIX	(EACH DEFICIENT	CY MUST BE PRECEDED BY FULL	PREF	ıx	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI	OULD BE	COMPLETION
initials> a handshake grabbed his hand and began to bite <client #4's="" name=""> was assisted by his one to one and was able to separate <ol> <li>other client's initials&gt; and <client #4=""> was referred to LPN for treatment of human bite.</client></li> <li>client #4&gt; was referred to <er> for examination and treatment."</er></li> </ol></client>		At 2:47 PM, review Management" poincidents will be he promptly, to inclunatification of appropriate appropriate and that Client #4's sign of the bite incider he received.  483.430(e)(2) ST For employees we must focus on sk toward clients' he toward clients' he toward clients' he toward clients' he review, the facility assess clients' in personnel for on (Clients #4)  The finding incluing the finding inclu	w of the April 2004 "Incident licy revealed the following: "All handled appropriately and de timely and accurate propriate staff, families, ere was no evidence, however, ster received timely notification at and subsequent treatment that "AFF TRAINING PROGRAM" who work with clients, training tills and competencies directed eath needs.  D is not met as evidenced by: vation, staff interview and record by failed to effectively train staff to eed for first-aid and for medical e of two clients in the sample.  Indes:  2008 Client #4 was bitten by a view of the corresponding fort, dated January 20, 2008, aragraph of findings, as follows: 2008, <client #4's="" name=""> we his housemate <other #4's="" and="" client="" client's="" grabbed="" hand="" his="" name="" shake=""> was assisted to and was able to separate and was able to separate and was able to separate for treatment of human bite. The referred to <er> for examination in the samination of the corresponding to the core</er></other></client>	{W		ILS HAS TRAINED IT'S STAFF TO ASS CLIENTS NEEDS F FIRST AID. ILS WI CONTINUE TO PRO ONGOING TRAINS TO IT'S STAFF ON ASSESSING CLIEN	SESSS FOR LL OVIDE ING	3/27/08

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INNUVA	IVE LIFE SOULTION				VASHINGTON, DC 20012	CTION	(X5)
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{W 192}	revealed that it did provide immediate to the bite wound. report and Client # bite occurred som 12:45 PM. Accord dated January 20, bite upon her arriv more than 3 hours examined the word there was no docelse in the client's first aid treatment evidence that the this deficient practile that the this deficient practile. The investigat times that most of happened. As altime between the first aid treatment investigation reposition of the bite which time the Proof further evaluated. ER examination ER on the next direport was dated.	of the investigation report not identify the failure to and timely first aid treatment. According to the incident 4's one-on-one staff notes, the etime between 12:30 PM - ding to a nurse progress note 2008, she was informed of the ral at the facility at 6:00 PM, after the incident. She and and provided first aid. Sumented evidence anywhere record to indicate more timely was given, and there was no governing body had identified tice.  If, however, that Client #4's ated that the bite wound healed amplications or signs of infection. In report did not document the fact the significant events ready noted, the 3-hour lapse in actual bite and the provision of the was not reflected. The port also failed to reflect that Client physician (PCP) was only a 24 hours after the incident, at CP ordered the client to the ER tion.  If that the investigation report the report referred to Client #4's and treatment. He went to the ay, January 21, 2008, yet the January 20, 2008.	{W}	192}	ILS WILL PROVIDE FURTHER TRAINING TO THE INCIDENT MANAGEMENT CORDINATOR ON ENSURING THAT THE INVETIGATION REPOREFLECTS SIGNIFICA EVENTS THAT OCCU DURING AN INCIDEN ILS WILL CONTINUE ENSURE THAT INVESTIGATION REPOREFLECTS ARE DEFINED, ACCU AND INCLUDES SIGNEY EVENTS THAT OCCU DURING AN INVESTI	E ORT ANT ORED TO ORTS JRATE ORTS JRATE ORTS ORATE ORTS ORATE ORATE ORATON.	3/27/08
	In addition, the in	nvestigation report failed to					

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{W 192}	Continued From production indentify the source facility's internal in	es of information used for the	{W 1	92}			
	included the follow  1. The Program I Retardation Profethat all staff had be	Manager/acting Qualified Mental essional (QMRP) failed to ensure been effectively trained to					
	Interview with the January 9, 2008 a revealed that all s Record review or approximately 1:3 twelve direct care certifications. Fur evealed that two and Licensed Pracurrent CPR certification evidencemented evidencemen	Hency measures for four of four ity as evidenced by:  House Manager and QMRP on at approximately 1:15 PM staff was not trained in CPR.  January 9, 2008 at 30 PM revealed that six (6) out of a staff did not have current CPR or in the review of the records consultants (Registered Nurse actical Nurse) were without ification. There was no ence that all direct care staff ants had CPR training and ifications.			ILS HAS TRAINED ITS STAFF ON CPR. ILS HAS PUT A SYSTEN PLACE TO ENSURE TH CPR TRAINING ARE PROVIDED TO ALL EMPLOYEES.	M IN AT	3/27/08
	been effectively t measures for fou evidenced by: Interview with the 2008 at approxim staff was not train on January 10, 2 revealed that six	iled to ensure that all staff had rained to implement emergency r of four clients in the facility as e House Manager on January 10, nately 8:47 AM revealed that all ned in First Aid. Record review 008 at approximately 9:00 AM (6) out of twelve direct care staff ent First Aid certifications.			ILS HAS TRAINED IT S STAFF ON FIRST AID. ILS HAS A SYSTEM IN PLACE TO ENSURE THAT FIRST AID TRAINING ARE PROVI TO ALL STAFF.		3/27/08

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: 09G212

STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE S COMPLE	
	09G212		A. BUILDING				R 21/2008
	ROVIDER OR SUPPLIER			7416	ET ADDRESS, CITY, STATE, ZIP CODE 6 BLAIR ROAD, NW (SHINGTON, DC 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	IX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	COMPLETION DATE
{W 192} {W 331}	consultant (Regist current First Aid or documented evide including consultar current First Aid or 483.460(c) NURS  The facility must p services in accord  This STANDARD Based on intervier failed to ensure in with the needs of in the facility. (Climate of the facility of the finding included cross-refer to Wall ensure that Clieman reviewed at least had been out of the unavailable for reto the facility on the LPN Coordinate of the LPN Coo	the records revealed that one ered Nurse) was without ertification. There was no ence that all direct care staff ints had First Aid training and ertifications.  ING SERVICES  Provide clients with nursing ance with their needs.  Is not met as evidenced by:  W and record review, the facility ursing services in accordance one of the four clients residing ent #4)  Ies:  1862. Nursing staff failed to the #4's medication regimen was quarterly. The client's records the facility, and were therefore view when the pharmacist came whovember 29, 2007. The other medication regimens had been ember 29, 2007. According to eator, the failure to have Client egimen reviewed since that date notified prior to this survey.  UG REGIMEN REVIEW  In input from the interdisciplinary with the drug regimen of each client.			W361 THE PHARMACIST HAS REVIEWED CLIENT'S #4 MEDICATION REGIMI ILS WILL CONTINUE TENSURE THAT ALL INDIVIDUALS MEDICAREGIMEN ARE REVIEW QUARTERLY BASIS BY THE PHAMACIST	TO ATION W ON A	3/27/08
	This STANDARE	) is not met as evidenced by:					

PRINTED: 03/17/2008 FORM APPROVED OMB NO. 0938-0391

STATEMENT	RS FOR MEDICARE FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	[' '	ULTIPLI LDING	E CONSTRUCTION	(X3) DATE S COMPLE	ETED
		09G212	B. WING			02/21/2008	
	ROVIDER OR SUPPLIER	,	ET ADDRESS, CITY, STATE, ZIP COI 6 BLAIR ROAD, NW ASHINGTON, DC 20012				
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAC	TIX	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 362	Continued From p Based on interview failed to ensure th drug regimens qua- clients residing in The finding includ On February 20, 2 Client #4's medica Review form. Acc pharmacist review February 21, 200 2007. The next re scheduled for No- review had been On February 21, Coordinator was pharmacy review chart, confirmed pharmacy review the other three cl pharmacist had r November 29, 20 indicated that she Client #4's regim with the others'. client's chart mig review on Noven medical appointr verified that yes, ophthalmology a guessed that the the time the pha	age 10  v and record review, the facility at the pharmacist reviewed arterly, for one of the four the facility. (Client #4)  es:  2008, at 9:29 AM, review of al records revealed a Pharmacy cording to the form, the yed his drug regimen on 7, May 16, 2007 and August 21, eview would have been yember 2007; however, no		362	W362 THE PHARMACIST HAS RÉVIEWED CLIENT'S #4 MEDICATION REC ILS WILL CONTIN' ENSURE THAT AL INDIVIDUALS ME	GIMEN. UE TO L	3/27/08
	other nursing sta	iff had sought to have Client #4's nen reviewed by the pharmacist			REGIMEN ARE RE QUARTERLY BAS THE PHAMACIST.	IS BY	
1	I .					,	l

Event ID: RIX312

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL	ULTIPLE CONSTRUCTION  DING  G	R		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE 7416 BLAIR ROAD, NW WASHINGTON, DC 2001	E, ZIP CODE		
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION  ACTION SHOULD BE TO THE APPROPRIATE SIENCY)	(X5) COMPLETION DATE	
W 362	establish a system	age 11 survey, the facility failed to that ensures clients' drug I quarterly review by the	W3	362		3/27/08	
					,		
	·						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION: (X1) PROVIDER/SUPPLIDENTIFICATION IN				LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED R					
		09G212		B. WING			1/2008			
NAME OF F	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, S	TATE, ZIP CODE					
INNOVA	INNOVATIVE LIFE SOULTIONS, INC			7416 BLAIR ROAD, NW WASHINGTON, DC 20012						
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY R LSC IDENTIFYING INFORMA	' FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE			
	February 20, 200 determine the fact deficiencies cited #2 was kept in the added. The survideficiencies, as efollows.  The findings of the observations, into administrative states sister, as well as incident reports at 3509.6 PERSON Each employee, annually thereaft	sure survey was conducted through February 21 compliance with on January 10, 2008, a sample and Resider ey identified standard-evidenced in the report of the reviews with direct suraff, residents and Residence of records, and administrative records and administrative records. The POLICIES prior to employment a er, shall provide a phy	, 2008, to previous Resident H4 was elevel that had been and ident H4's including ords.	{I 000}						
	certification that a performed and the would allow him duties.  This Statute is represented the physician certification reflect his/her here.  The findings include the findings include the physician certification reflect his/her here.  The findings include the physician certification reflect his/her here.	a health inventory has nat the employee 's he or her to perform the not met as evidenced ew and record review, o ensure that all staff that all staff health status.	been ealth status required  by: the had current ries to  42 PM, evidence be of health		1206 THE STAFF ID NOW HAVE T HEALTH CER ON FILE.	HERE	3/27/08			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRÉSENTATIVE'S SIGNATURE

If continuation sheet 1 of 8

TITLE

RIX312

(X6) DATE

	AME OF FROMBER OR GOT FEET			(X2) MULTIPL A. BUILDING B. WING	E CONSTRUCTION	COMPLE F	(X3) DATE SURVEY COMPLETED  R 02/21/2008	
NAME OF F			1		ATE, ZIP CODE			
INNOVA	TIVE LIFE SOULTION	NS, INC	7416 BLAII WASHINGT	ROAD, NW TON, DC 200	<i>l</i> )12			
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY		Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
{I 206}	had acquired the review, Manager pointed to staff who were list schedule, but who until they obtained. The QMRP and Hothat the 3 staff had notifications that to expire within a been instructed to inventories before for them to conting. The next day, on the QMRP preser had been given to Beginning at 2:31 followed by a compactificate what obtained new 1. One staff (S4) February 4, 2008 certificate would letter stated: "You	age 1 needed health invent the QMRP and House to the names of 3 direct on the current we were "taken off the I current health inversouse Manager furthed received advance, heir health certificates short time frame. The obtain updated health they expired, therefue working with the received accopies of the letter of the 3 staff in questing PM, a review of the opparison with entries in daily Communicating the accopies of the letter of the staff of the staff in questing and each of the 3 emparison with entries in daily Communicating that he wones), as follows:  I had received a letter, indicating that his frequency of the expire on February 7 are required to subprior to the existing the staff in the existing of the existing that his frequency of the existing that the prior to the existing the staff in the existing that his frequency of the existing that the expire on February 7 are required to subprior to the existing the existing that the existing that the existing the	ories.  see ect support eekly staff schedule" ntories. er indicated written es were set ne staff had lth by allowing residents. et 4:00 PM, eters that on. se 3 letters, made by ion Log loyees had er their efore they er dated nealth 7, 2008. The omit a new	{I 206}	ILS HAS ESTABLISHE AND IMPLEMENTED A SYSTEM TO EFFEC		3/27/08	
	date. Failure to of the staffing scher When interviewe 2008), the House previously been of work that mornin February 17, 200 certified that he vertified	do so will result in redule until a new one dearlier that day (Fee Manager stated that off schedule. He reput that a new certification on which the phy	moval from is received." ebruary 21, at S4 had borted for ate, dated sician had		MANAGE STAFF HEA CERTIFICATES TO EN RESIDENT HEALTH A SAFETY. ILS WILL CO TO ENSURE THAT AL HEALTH CERTIFICAT ARE UPDATED IN A T MANNER.	ISURE ND ONTINUE L ES		

		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		l l	
NAME OF F	AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
INNOVATIVE LIFE SOULTIONS, INC			7416 BLA WASHING	IR ROAD, NW TON, DC 200	012		
(X4) ID PREFIX TAG	(FACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{  206}	revealed document worked in the facility certificate on the facility certificate on the facility certificate on the facility certificate on the facility and th	tation showing that Sty without a current hollowing dates: (a double shift); (a double shift); (a double shift).  (a double shift).  (a double shift).  (a double shift).  (b) had received an ideary 4, 2008, indicating the facility without a son the facility without a son the facility without a son the following dates on the following dates on the facility without a son the facility without a son the following dates on the following that in the following dates on February 21, seview of his health containstered February, on February 19, 20 est x-ray (results were of the Communication showing that dility with a positive Phest x-ray, on the following that its positive Phest x-ray its positive Phest x	identical ng that his uary 15, Log book, wing that current s:  on's letter, d that his ruary 13, er ned and 2008 (just ertificate ve reading 8, 2008. 08, he enegative). on Log book S14 had PD reading,				3/27/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIF IDENTIFICATION NU  09G212			A. BUILDING	E CONSTRUCTION			
NAME OF P	ROVIDER OR SUPPLIER	333212			ATE, ZIP CODE		
INNOVA	TIVE LIFE SOULTION	IS, INC	7416 BLA WASHING	IR ROAD, NW TON, DC 200	/ 012 		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENC! Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{1 206}	February 15, 2008 February 16, 2008 February 17, 2008 February 18, 2008 The Program Man time of this discuss approximately 4:16 stated that she had worked on the date was no evidence than an implemented staff health certification and safety.  This is a repeat definition of the performance of the performance of the performance of the performance of the GHM of current current twelve staffs. (Safe Based on interview of the performance of the GHMRP failed to health certificates. The findings included.	ager was in the facilision and review. At 5 PM, the Program M d just confirmed that es that are listed about the facility had ea system to effective ates, to ensure residually and the facility had ea system to effective ates, to ensure residually 10, 2008 surviving:  sonnel files conducted approximately 1:18 MRP failed to provide health certificates for #7, #9, #12, #14, and ew and record review ensure that all staffs on file.	Manager ; S14 had ove. There stablished ely manage dent health ey findings ed on 5 PM e evidence or five of d #15).  w, the had current	{  206}	ILS HAS ESTABLIS AND IMPLEMENT A SYSTEM TO EF MANAGE STAFF F CERTIFICATES TO RESIDENT HEALT SAFETY. ILS WILL TO ENSURE THAT HEALTH CERTIFIC ARE UPDATED IN MANNER.	ED FECTIVELY IEALTH DENSURE HAND L CONTINUE TALL CATES	3/27/08
	January 9, 2008 revealed the GHI	at approximately 1:1  MRP failed to provide  t health certificates f	5 PM e evidence				

NAME OF PROVIDER OR SUPPLIER  INNOVATIVE LIFE SOULTIONS, INC  SUMMARY STATEMENT OF DEPICIENCIES  (X4) ID  (X5)  (X6)  (X6)  (X6)  (X7)  (X8)  (X8)  (X8)  (X8)  (X8)  (X8)  (X9)  (X8)  (X8)  (X9)  (X9)  (X9)  (X8)  (X8)  (X9)  (X9)  (X8)  (X9)  (X9)  (X8)  (X8)  (X9)  (X8)  (X8)  (X8)  (X8)  (X8)  (X9)  (X8)  (X9)  (X8)  (X9)  (X8)  (X9)  (X8)  (X9)  (X8)  (X8)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED R			
INNOVATIVE LIFE SOULTIONS, INC    A			09G212				02/	21/2008		
SUMMARY STATEMENT OF DEFICIENCIES   PREFIX   REQUILED PROPRY MUST BE PRECEDED IN YOUR PREFIX   REQUILED PROPRY MAIN			S, INC	7416 BLAI	_AIR ROAD, NW					
twelve staffs. (S #7, #9, #12, #14, and #15).  2. Review of the porsonnel files conducted on January 10, 2008 at approximately 8:47 AM revealed the GHMRP failed to provide evidence of current current health certificates for one consultant. (C #3)  [1500] 3523.1 RESIDENT'S RIGHTS  Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.  This Statute is not met as evidenced by: Based on interview and record review, the facility failed to establish a system to ensure that each resident, or hisher authorized surrogate healthcare decision-maker, was informed of the resident's medical condition, benefits and risks of medications and of the right to refuse treatment, for one of the two residents in the sample. (Resident #4)  The finding includes:  On February 20, 2008, beginning at 8:59 AM, review of Resident functioned in the sewere range of mental retardation cognitively and his adaptive skills tested in the profound range. His sister was the designated surrogate healthcare decision-maker due to his impaired ability to process information effectively. His medication regimen included Lithium Carbonate 300 mg, twice a day, Trazodone 100 mg every evening.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY	S FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	COMPLETE		
Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.  This Statute is not met as evidenced by: Based on interview and record review, the facility failed to establish a system to ensure that each resident, or his/her authorized surrogate healthcare decision-maker, was informed of the resident's medical condition, benefits and risks of medications and of the right to refuse treatment, for one of the two residents in the sample.  (Resident #4)  The finding includes:  On February 20, 2008, beginning at 8:59 AM, review of Resident #4's Individual Support Plan (ISP), dated April 13, 2007, revealed the following: the resident functioned in the severe range of mental retardation cognitively and his adaptive skills tested in the profound range. His sister was the designated surrogate healthcare decision-maker due to his impaired ability to process information effectively. His medication regimen included Lithium Carbonate 300 mg twice a day, Trazodone 100 mg every evening.	{  206}	twelve staffs. (S#  2. Review of the p January 10, 2008 a revealed the GHM of current current b	7, #9, #12, #14, and a ersonnel files conduct at approximately 8:47 RP failed to provide onealth certificates for	cted on 7 AM evidence	{  206}					
Based on interview and record review, the facility failed to establish a system to ensure that each resident, or his/her authorized surrogate healthcare decision-maker, was informed of the resident's medical condition, benefits and risks of medications and of the right to refuse treatment, for one of the two residents in the sample. (Resident #4)  The finding includes:  On February 20, 2008, beginning at 8:59 AM, review of Resident #4's Individual Support Plan (ISP), dated April 13, 2007, revealed the following: the resident functioned in the severe range of mental retardation cognitively and his adaptive skills tested in the profound range. His sister was the designated surrogate healthcare decision-maker due to his impaired ability to process information effectively. His medication regimen included Lithium Carbonate 300 mg twice a day, Trazodone 100 mg every evening,  Health Regulation Administration	{1 500}	3523.1 RESIDENT Each GHMRP resident that the rights of reprotected in according to the contraction of the co	T'S RIGHTS idence director shall esidents are observe dance with D.C. Law	d and 2-137, this	,					
On February 20, 2008, beginning at 8:59 AM, review of Resident #4's Individual Support Plan (ISP), dated April 13, 2007, revealed the following: the resident functioned in the severe range of mental retardation cognitively and his adaptive skills tested in the profound range. His sister was the designated surrogate healthcare decision-maker due to his impaired ability to process information effectively. His medication regimen included Lithium Carbonate 300 mg twice a day, Trazodone 100 mg every evening,  Health Regulation Administration		Based on interview failed to establish resident, or his/he healthcare decision resident's medical medications and of for one of the two (Resident #4)	w and record review, a system to ensure to ensure the authorized surrogation-maker, was inform I condition, benefits a first the right to refuse fresidents in the same	the facility that each te ned of the and risks of treatment,						
CONTRACTOR DIVIDATION STREET S		On February 20, 2 review of Resider (ISP), dated April following: the resirange of mental radaptive skills tessister was the dedision-maker decision-maker decision-maker decision included twice a day, Traz	2008, beginning at 8: nt #4's Individual Sup 13, 2007, revealed tident functioned in the tardation cognitively sted in the profound isignated surrogate had to his impaired at ion effectively. His must be to his compared the content of the target of target of the target of targe	port Plan he e severe y and his range. His ealthcare bility to nedication 300 mg			W124	3/27/08		
					6899	RIX312	If con	ntinuation sheet 5 of		

AND PLAN OF CORRECTION IDENTIFI		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE SUI COMPLET R 02/21	ED		
NAME OF F	PROVIDER OR SUPPLIER	090212	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE				
		IS, INC	7416 BLA	7416 BLAIR ROAD, NW WASHINGTON, DC 20012					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY	'FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE		
{1 500}	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		{1 500}	SEE W124, PAGE (PARAGRAPH 2)	2	3/27/08			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLI IDENTIFICATION NO 09G212		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			ATE SURVEY DMPLETED R 02/21/2008	
NAME OF F	ROVIDER OR SUPPLIER	<u></u>	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE			
7416 BLAI				R ROAD, NW TON, DC 200	<i>l</i> 012			
(X4) ID PREFIX TAG	(FACH DEFICIENC)	ATEMENT OF DEFICIENCE Y MUST BE PRECEDED B SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
{1 500}	contacted by the far when her brother had given consent one from the facilithealth, developme with her. When as knowing about her she replied yes, ar information with the town"). She also she informed if their her brother require. To her knowledge an emergency roof facility in March 20. It should be noted an emergency roof having been bitter previous day. The the resident receip rescribed a 5-da. It should be further conference on Fe 6:00 PM, it was son the residents' communicate directly designated surror (i.e. Resident #2's etc.). However, of PM, review of the Individuals" policy facility "designee to medical condition explained to the idesignee this in designee this in the signee the signee the signee is the signee this in the signee the signee is the signee this in the signee the signee is the signee the signee is the signee is the signee the signee is the signee is the signee the signee is the sig	acility in recent month and fluid in the lungs for diagnostic procesty had reviewed the ental and/or behaviors ked if she was intered to the would share their siblings (who "alstated that she would e were an incident fed emergency medical, Resident #4 had now since he was additional fluid and the was additional fluid and their since he was additional fluid and their since he was additional fluid and their since he was additional fluid	and she edures. No resident's rested in on regimen, the live out of dexpect to for which cal services. ot been to mitted to this as taken to 2008 after in the attack the Exit eginning at a had relied orker to uals' ision-makers #4's sister, 8, at 2:22 of collowing: a ces relating being /her enefits of	{I 500}			3/27/08	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLII IDENTIFICATION NL  09G212  NAME OF PROVIDER OR SUPPLIER  INNOVATIVE LIFE SOULTIONS, INC  (X4) ID SUMMARY STATEMENT OF DEFICIENCI (EACH DEFICIENCY MUST BE PRECEDED B) PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORM		STREET ADD 7416 BLAI WASHING	A. BUILDING B. WING	TATE, ZIP CODE	CTION DULD BE	red .
Previously, the Jar included the follow Resident #2 was a approximately 4:0 Chlorpromazine 1 the Licensed Prace 2008 at approximately 2:008 at approximately 4:0 behavior manage order sheet (POS January 9, 2008 a revealed that Resintermittent Explois Schizophrenia; Cland was prescribe mouth twice a day for seven days. Liday for behavior in Program Manage approximately 3:0 #2's mother was the resident's leg #2's psychologica 2007 on January AM revealed that ability to make de habilitation plann finances, treatme was no documer informed Reside benefits and risk the use of his psychologically, the statistic possible that substituted of the substituted of	age 7  wary 10, 2008 finding ing:  bbserved during the en January 7, 2008, and PM being administed for medical Nurse (LPN) on ately 4:15 PM revealed prescribed the medical ment. Review of the dated December 1, approximately 11:1 ident #2 had diagnose	gs evening t ered erview with January 7, ed that ation for physician's 2007 on 5 AM ses of ed Type 50 mg by g every day uth every ew with the Resident fe but is not of Resident March 19, ately 11:18 have the f regarding ment, ers. There e facility health iated with ns. de evidence tained from		CLIENTS #2 MOTHER IS NOW THE SURROGAT DECISION MAKER FOR HER SON. CASE CONFERRENCE WAS HELD ON3/13/08 WITH CLIENTS #2'S MOTHER TO DISCUSS THE RISK AND BENEFT OF CLIENT #2 PSYCHOTROPIC MEDICATION AND INF CONSENT WAS SIGNED ILS WILL CONTINUE TO ENSURE THAT FAMILY MEMBERS ARE INFORI OF CHANGES IN PSYCHOTROPIC MEDICATION.	ORM O. O	3/27/08